

Florida Wing Conference 2004 at Ft. Lauderdale Marriott Marina

Registration at: <http://flwg.cap.gov/fwcregistration.htm> or mail this form to: Sharon Freeberg, 12041 N.W. 2nd Dr., Coral Springs, FL 33071

Please provide information as you wish it to appear on your conference badge.

☐ Do not include my contact information on the Florida Wing Conference Attendees Distribution List Database

☐ Mr. ☐ Ms. ☐ Dr. (Please print legibly or type)

Last Name First Name MI

Rank Squadron (SER-XXX) Group #

Daytime Phone E-mail

Additional Registrant's Names

Please indicate any special needs: (i.e. Diet, mobility, etc.)

Registration includes admittance to each day's meetings, sessions, and group sessions, light refreshments, and coffee each morning, plus the Saturday evening **Banquet** and awards ceremony.

Registration Fees (Please check)

Early Bird by April 15, 2004	Normal by May 20, 2004	Late/On-Site after May 21, 2004
<input type="checkbox"/> \$65.00 Full registration	<input type="checkbox"/> \$85.00 Full registration	<input type="checkbox"/> \$100.00 Full registration
<input type="checkbox"/> \$30.00 Conference only, SM	<input type="checkbox"/> \$40.00 Conference only, SM	<input type="checkbox"/> \$50.00 Conference only, SM
<input type="checkbox"/> \$50.00 Full registration, Cadet	<input type="checkbox"/> \$70.00 Full registration, Cadet	<input type="checkbox"/> \$90.00 Full registration, Cadet
<input type="checkbox"/> \$15.00 Conference only, Cadet	<input type="checkbox"/> \$20.00 Conference only, Cadet	<input type="checkbox"/> \$25.00 Conference only, Cadet
<input type="checkbox"/> \$45.00 Banquet only	<input type="checkbox"/> \$65.00 Banquet only	<input type="checkbox"/> \$75.00 Banquet only

Number registering _____	x	\$ _____ (full, SM)	= \$ _____
Number registering _____	x	\$ _____ (conference only, SM)	= \$ _____
Number registering _____	x	\$ _____ (full, Cadet)	= \$ _____
Number registering _____	x	\$ _____ (conference only, Cadet)	= \$ _____
Number registering _____	x	\$ _____ (banquet only)	= \$ _____
Chaplains/Instructors _____	x	\$ 15 (conference only)	= \$ _____
Total			= \$ _____

T-Shirt Size(s) (Indicate quantities) S _____ M _____ L _____ XL _____ XXL _____ (Size request honored only until 5/20/04.)

Payment Information (Registrations will not be processed without payment.) ☐ Visa ☐ Master Card ☐ AmEx

Credit Card Number Exp. Date

Cardholder Signature

Cardholder Name

Full refund available for cancellations made by May 21.
After that date, 50% refund of amount paid only.

The Ft. Lauderdale Marriott Marina, 800/228-9290, is providing a special rate for CAP Members: \$79.00 per night plus applicable taxes. Reservations must be made directly with the hotel.

